

00684.003170.



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | |
|------------------------------|---|-------------------------|
| In re Application of: |) | |
| | : | Examiner: D. Ben Esplin |
| Kenichi MORI |) | |
| | : | Group Art Unit: 2851 |
| Application No.: 09/823,973 |) | |
| | : | Confirmation No.: 9679 |
| Filed: April 3, 2001 |) | |
| | : | |
| For: ILLUMINATION SYSTEM AND |) | January 22, 2004 |
| SCANNING EXPOSURE APPARATUS | : | |
| USING THE SAME |) | |

Mail Stop RCE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

Prior to further examination on the merits, please amend the above-identified application
as follows:

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January 22, 2004

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Mail Stop RCE

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Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.



No additional fee is required.

The fee has been calculated as shown below:

| CLAIMS AS AMENDED | | | | | | |
|---|---|-------|---------------------------------------|------------------|----------------|-------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 16 | MINUS | 20 | = 0 | x \$9 \$18 | \$0.00 |
| INDEP. CLAIMS | 6 | MINUS | 12 | = 0 | x \$43 \$86 | \$0.00 |
| Fee for Multiple Dependent claims \$145/\$290 | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | | \$0.00 |



°Verified Statement claiming small entity status is enclosed, if not filed previously.



A check in the amount of \$_____ is enclosed.

☐

Charge \$____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.

☒

Any prior general authorization to charge an issue fee under 37 CFR 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.

☐

A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

☐

A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒

Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should be directed to our address given below.

Respectfully submitted,



Attorney for Applicant

Steven E. Warner

Registration No. 33,326

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